## **Application Data Sheet**

## **Application Information**

Application number:: Not Yet Assigned

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Title:: INFORMATION MANAGEMENT AND

MOVEMENT SYSTEM AND METHOD

Attorney Docket Number:: 63134/P001CP2/10309809

Request for Early Publication?:: No

Request for Non-Publication?:: Yes

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: J.

Family Name:: Viola

City of Residence:: Keller

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 1203 Wellington Drive

City of mailing address:: Keller

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 76248

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Lee

Middle Name:: R.

Family Name:: Johnson

City of Residence:: Plano

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 4300 Barnsley Drive

City of mailing address:: Plano

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 75093

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Middle Name::

Family Name:: Falcone

City of Residence:: Addison

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 5505 Addison Circle

City of mailing address:: Addison

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 75001

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

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Given Name::

Jerald

Middle Name::

B.

Family Name::

**Daniels** 

City of Residence::

**Austin** 

State or Province of Residence::

TX

Country of Residence::

US

Street of mailing address::

5 Concord Circle

City of mailing address::

Austin

State or Province of mailing address::

TX

Postal or Zip Code of mailing address::

78737

**Correspondence Information** 

Correspondence Customer Number::

000029053

**Representative Information** 

Representative Customer Number::

000029053

**Assignee Information** 

Assignee name::

Evercom Systems, Inc.

Street of mailing address::

8201 Tristar Drive

City of mailing address::

Irving

State or Province of mailing address::

TX

Postal or Zip Code of mailing address::

75063

**Domestic Priority Information** 

Application::

Continuity Type::

Parent Application::

Parent Filing Date

This Application

Continuation-in-part

10/135,878

April 29, 2002